

2009

Rhode Island

**Behavioral Risk Factor Surveillance System Questionnaire
(Landline Telephone Questionnaire Only)**

Behavioral Risk Factor Surveillance System 2009 Questionnaire

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Interviewer's Script

Answering machine message text:

"Hello, my name is **(name)**. I am calling on behalf of the **Rhode Island Department of Health** to conduct an important study on the health of Rhode Island residents. Please call us at 1-800-992-5203 at your convenience. Thanks."

Intro1

Hello, I am calling for the **Rhode Island Department of Health**. My name is **(name)**. We are gathering information about the health of **Rhode Island** residents. This project is conducted by the health department with assistance from the Centers of Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Is this **(phone number)**?

If "no," Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.

STOP

Is this a private residence in Rhode Island?

If "no," Thank you very much, but we are only interviewing private residences.

STOP

Is this a cellular telephone?

Read only if necessary: "By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood."

- 1 No – Not a cellular telephone
- 2 Yes

If "yes," Thank you very much, but we are only interviewing land-line telephones and private residences.

STOP

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

__ Number of adults

If "1," Are you the adult?

If "yes," Then you are the person I need to speak with. Enter 1 man or 1 woman below (ask gender if necessary).

Go to next page

If "no," Is the adult a man or a woman? Enter 1 man or 1 woman below. May I speak with [CATI Note: Fill in (him/her) from previous question]?

Go to "correct respondent" on the next page

How many of these adults are men?

__ Number of men

How many of these adults are women?

__ Number of women



The person in your household that I need to speak with is _____.

If “you,” go to page 3

To the correct respondent:

Intro2

Hello, I am calling for the **Rhode Island Department of Health**. My name is (name). We are gathering information about the health of **Rhode Island** residents. This project is conducted by the health department with assistance from the Centers of Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Confidentiality Statement

YOURTHE1

I will not ask for your last name or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about the survey, please call (401) 222-1247. The survey will take approximately 25 minutes. The interview may be monitored and recorded for quality assurance purposes.

Section 1: Health Status

//ask of all//

s1q1 Would you say that in general your health is—

GENHLTH (73)

Please read:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair

Or

- 5 Poor

Do not read:

- 7 Don't know / not sure
- 9 Refused

Section 2: Health Days – Health-Related Quality of Life

//ask of all//

s2q1 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

PHYSHLTH (74-75)

— — Number of days

8 8 None

7 7 Don't know / not sure

9 9 Refused

//ask of all//

s2q2 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

- Number of days
- 8 8 None
- 7 7 Don't know / not sure
- 9 9 Refused

//if s2q1=88 and s2q2=88 go to next section; else continue to s2q3//

s2q3 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

POORHLTH (78-79)

- Number of days
- 8 8 None
- 7 7 Don't know / not sure
- 9 9 Refused

Section 3: Health Care Access

//ask of all//

s3q1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

HLTHPLAN (80)

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

//ask of all//

s3q2 Do you have one person you think of as your personal doctor or health care provider?

If "No," ask: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"

PERSDOC2 (81)

- 1 Yes, only one
- 2 More than one
- 3 No
- 7 Don't know / not sure
- 9 Refused

//ask of all//

s3q3 Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

MEDCOST (82)

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

//ask of all//

s3q4 About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

Read if necessary:

- 1 Within past year (anytime less than 12 months ago)
- 2 Within past 2 years (1 year but less than 2 years ago)
- 3 Within past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

Do not read:

- 7 Don't know / not sure
- 8 Never
- 9 Refused

Section 4: Sleep

//ask of all//

The next question is about getting enough rest or sleep.

s4q1 During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?

OLREST2 (84-85)

- Number of days
- 8 8 None
- 7 7 Don't know / not sure
- 9 9 Refused

Section 5: Exercise

//ask of all//

s5q1 During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

EXERANY2 (86)

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

Section 6: Diabetes

//ask of all//

s6q1 Have you ever been told by a doctor that you have diabetes?

If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"

[If respondent says pre-diabetes or borderline diabetes, use response code 4]

DIABETE2 (87)

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 No, pre-diabetes or borderline diabetes
- 7 Don't know / not sure
- 9 Refused

Module 1: Pre-Diabetes [Split 1]

//ask if s6q1=2,3,4,7,9 and SPLIT=1//

Mod1_1 Have you had a test for high blood sugar or diabetes within the past three years? **PDIABTST** (245)

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

Mod1_2 Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

/CATI Note: If s6q1=4 (No, pre-diabetes or borderline diabetes), answer

Mod1_2 "Yes" (code=1)/

If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"

PREDIAB1 (246)

- 1 Yes
- 2 Yes, during pregnancy
- 3 No
- 7 Don't know / not sure
- 9 Refused

Module 2: Diabetes [Split 1]

//ask if s6q1=1 and SPLIT=1//

Mod2_1 How old were you when you were told you have diabetes?

DIABAGE2 (247-248)

- Code age in years
- 9 8 Don't know / not sure
- 9 9 Refused

[97=97 and older]

//ask of all//

Mod2_2 Are you now taking insulin?

INSULIN (249)

- 1 Yes
- 2 No
- 9 Refused

//ask of all//

Mod2_3 About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

BLDSUGAR (250-252)

- 1 -- Times per day
- 2 -- Times per week
- 3 -- Times per month
- 4 -- Times per year
- 8 8 8 Never
- 7 7 7 Don't know / not sure

9 9 9 Refused

//ask of all//

Mod2_4

About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

FEETCHK2 (253-255)

- 1 _ _ Times per day
- 2 _ _ Times per week
- 3 _ _ Times per month
- 4 _ _ Times per year
- 5 5 5 No feet
- 8 8 8 Never
- 7 7 7 Don't know / not sure
- 9 9 9 Refused

//ask of all//

Mod2_5

About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

DOCTDIAB (256-257)

- _ _ Number of times
- 8 8 None
- 7 7 Don't know / not sure
- 9 9 Refused

[76=76 or more]

//ask of all//

Mod2_6

A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?

CHKHEMO3 (258-259)

- _ _ Number of times
- 8 8 None
- 9 8 Never heard of "A one C" test
- 7 7 Don't know / not sure
- 9 9 Refused

[76=76 or more]

//ask if Mod2_4≠555//

Mod2_7

About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

FEETCHK (260-261)

- _ _ Number of times
- 8 8 None
- 7 7 Don't know / not sure
- 9 9 Refused

[76=76 or more]

//ask of all//

Mod2_8

When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

Read only if necessary:

- 1 Within the past month (anytime less than 1 month ago)
- 2 Within the past year (1 month but less than 12 months ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 2 or more years ago

Do not read:

- 7 Don't know / not sure
- 8 Never
- 9 Refused

//ask of all//
Mod2_9 Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

DIABEYE (263)

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

//ask of all//
Mod2_10 Have you ever taken a course or class in how to manage your diabetes yourself?

DIABEDU (264)

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

State-Added 1: Diabetes [Split 1]
//ask of all (where SPLIT=1)//
RI1_1 Have any of your immediate blood relatives – your mother, father, brothers or sisters – had diabetes?

DIAB FAM

- 0 1 Yes
- 0 2 No
- 7 7 Don't know / not sure
- 9 9 Refused

Section 7: Hypertension Awareness
//ask of all//
s7q1 Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?

BPHIGH4 (88)

If “Yes” and respondent if female, ask: “Was this only when you were pregnant?”

- 1 Yes
- 2 Yes, but female told only during pregnancy **[Go to next section]**
- 3 No **[Go to next section]**
- 4 Told borderline high or pre-hypertensive **[Go to next section]**
- 7 Don't know / not sure **[Go to next section]**

9 Refused

[Go to next section]

//ask if s7q1=1//

s7q2 Are you currently taking medicine for your high blood pressure?

BPMEDS (89)

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

Section 8: Cholesterol Awareness

//ask of all//

s8q1 Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked?

BLOODCHO (90)

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

[Go to next section]

[Go to next section]

[Go to next section]

//ask if s8q1=1//

s8q2 About how long has it been since you last had your blood cholesterol checked?

CHOLCHK (91)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

Do not read:

- 7 Don't know / not sure
- 9 Refused

//ask if s8q1=1//

s8q3 Have you EVER been told by a doctor, nurse, or other health professional that your blood cholesterol is high?

TOLDHI2 (92)

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

Section 9: Cardiovascular Disease Prevalence

Now I would like to ask you some questions about cardiovascular disease. Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me "Yes," "No," or you're "Not sure."

//ask of all//

s9q1 Ever told you had a heart attack, also called a myocardial infarction?

CVDINFR4 (93)

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

//ask of all//

s9q2 Ever told you had angina or coronary heart disease?

CVDCRHD4 (94)

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

//ask of all//

s9q3 Ever told you had a stroke?

CVDSTRK3 (95)

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

State-Added 2: Adult Module on Wheezing [Split 2]

//ask of all (where SPLIT=2)//

I am now going to ask you some questions about your breathing.

RI2_1 Have you had wheezing or whistling in your chest at any time in the last 12 months?

- 1 Yes **WHZ_WHIS**
- 2 No [Go to RI2_5]
- 7 Don't know / not sure [Go to RI2_5]
- 9 Refused [Go to RI2_5]

//ask if RI2_1=1//

RI2_2 Have you been at all breathless when the wheezing noise was present?

- 1 Yes **WHZ_BRTH**
- 2 No
- 7 Don't know / not sure
- 9 Refused

//ask if RI2_1=1//

RI2_3 Have you had this wheezing or whistling when you did not have a cold?

- 1 Yes **WHZ_COLD**
- 2 No
- 7 Don't know / not sure
- 9 Refused

//ask if RI2_1=1//

RI2_4 How many attacks of wheezing or whistling have you had in the past 12 months?

Read if necessary: **WHZ_ATTK**

- 1 1 attack

- 2 2 or 3
- 3 4 or more
- Do not read:**
- 7 Don't know
- 9 Refused

//ask of all (where SPLIT=2)//

RI2_5 Have you woken up with a feeling of tightness in your chest at any time in the last 12 months? **WHZTIGHT**

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

RI2_6 Have you been woken by an attack of coughing at any time in the last 12 months?

- 1 Yes **WHZCOUGH**
- 2 No
- 7 Don't know / not sure
- 9 Refused

RI2_7 Have you been woken by an attack of shortness of breath at any time in the last 12 months?

- 1 Yes **WHZSHORT**
- 2 No
- 7 Don't know / not sure
- 9 Refused

RI2_8 Have you had an attack of shortness of breath that came on when you were at rest during the day at any time in the last 12 months? **WHZ REST**

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

RI2_9 Have you had an attack or shortness of breath that came on following strenuous activity at any time in the last 12 months? **WHZ ACTV**

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

Section 10: Asthma

//ask of all//

s10q1 Have you ever been told by a doctor, nurse, or other health professional that you had asthma?

- 1 Yes
- 2 No
- 7 Don't know / not sure

ASTHMA2 (96)

[Go to next section]

[Go to next section]

9 Refused

[Go to next section]

//ask if s10q1=1//

s10q2 Do you still have asthma?

ASTHNOW (97)

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

Section 11: Tobacco Use

//ask of all//

s11q1 Have you smoked at least 100 cigarettes in your entire life?

/Interviewer Note: 5 packs=100 cigarettes/

SMOKE100 (98)

- 1 Yes
- 2 No [Go to s11q5]
- 7 Don't know / not sure [Go to s11q5]
- 9 Refused [Go to s11q5]

//ask if s11q1=1//

s11q2 Do you now smoke cigarettes every day, some days, or not at all?

SMOKDAY2 (99)

- 1 Every day
- 2 Some days
- 3 Not at all [Go to s11q4]
- 7 Don't know / not sure [Go to s11q5]
- 9 Refused [Go to s11q5]

//ask if s11q2=1,2//

s11q3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

STOPSMK2 (100)

- 1 Yes [Go to s11q5]
- 2 No [Go to s11q5]
- 7 Don't know / not sure [Go to s11q5]
- 9 Refused [Go to s11q5]

//ask if s11q2=3//

s11q4 How long has it been since you last smoked cigarettes regularly?

LASTSMK1 (101-102)

Read if necessary:

- 0 1 Within the past month (less than 1 month ago)
- 0 2 Within the past 3 months (1 month but less than 3 months ago)
- 0 3 Within the past 6 months (3 months but less than 6 months ago)
- 0 4 Within the past year (6 months but less than 1 year ago)
- 0 5 Within the past 5 years (1 year but less than 5 years ago)
- 0 6 Within the past 10 years (5 years but less than 10 years ago)

- 0 7 10 years or more
Do not read:
 0 8 Never smoked regularly
 7 7 Don't know / not sure
 9 9 Refused

s11q5 Do you currently use chewing tobacco, snuff, or snus every day, someday, or not at all?
/Interviewer Note: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum/

USENOW3 (103)

- 1 Every day
 2 Some days
 3 Not at all
 7 Don't know / not sure
 9 Refused

Section 12: Demographics

//ask of all//

s12q1 What is your age?

AGE (104-105)

- Code age in years
 0 7 Don't know / not sure
 0 9 Refused

//ask of all//

s12q2 Are you Hispanic or Latino?

HISPANC2 (106)

- 1 Yes
 2 No
 7 Don't know / not sure
 9 Refused

//ask of all//

s12q3 Which one or more of the following would you say is your race?

MRACE (107-112)

/Check all that apply/ /MUL=6/

Please read:

- 1 White
 2 Black or African American
 3 Asian
 4 Native Hawaiian or other Pacific Islander
 5 American Indian or Alaska Native

Or

- 6 Other [Specify: _____]

Do not read:

- 7 Don't know / not sure
 9 Refused

//ask if s12q3=6//

s12q4 Which one of these groups would you say best represents your race?

ORACE2 (113)

Please read:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or other Pacific Islander
- 5 American Indian or Alaska Native
- 6 Other [Specify: _____]

Do not read:

- 7 Don't know / not sure
- 9 Refused

//ask of all//

s12q5 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

VETERAN2 (114)

Read if necessary:

- 1 Yes, now on active duty
- 2 Yes, on active duty during the last 12 months, but not now
- 3 Yes, on active duty in the past, but not during the last 12 months
- 4 No, training for Reserves or National Guard only
- 5 No, never served in the military

Do not read:

- 7 Don't know / not sure
- 9 Refused

//ask of all//

s12q6 Are you...?

MARITAL (115)

Please read:

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married

Or

- 6 A member of an unmarried couple

Do not read:

- 9 Refused

//ask of all//

s12q7 How many children less than 18 years of age live in your household?

CHILDREN (116-117)

-- Code number of children

- 8 8 None
- 9 9 Refused

s12q7CHK Just to be sure I got it right, you said there were **XX** children under 18 living in your household. Is that correct?

- 1 Yes
- 2 No
- 9 Refused

//ask of all//

s12q8 What is the highest grade or year of school you have completed?

EDUCA (118)

Read only if necessary:

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (elementary)
- 3 Grades 9 through 11 (some high school)
- 4 Grade 12 or GED (high school graduate)
- 5 College 1 year to 3 years (some college or technical school)
- 6 College 4 years or more (college graduate)

Do not read:

- 9 Refused

//ask of all//

s12q9 Are you currently...?

EMPLOY (119)

Please read:

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A homemaker
- 6 A student
- 7 Retired

Or

- 8 Unable to work

Do not read:

- 9 Refused

//ask of all//

s12q10 Is your annual household income from all sources—

INCOME2 (120-121)

If respondent refuses at any income level, code '99' (Refused)

Read only if necessary:

- 0 4 Less than \$25,000
(\$20,000 to less than \$25,000)

**If “no,” ask 05; if “yes,” ask
03**

- 0 3 Less than \$20,000

	(\$15,000 to less than \$20,000)	If “no,” code 04; if “yes,” ask 02
0 2	Less than \$15,000 (\$10,000 to less than \$15,000)	If “no,” code 03; if “yes,” ask 01
0 1	Less than \$10,000	If “no,” code 02
0 5	Less than \$35,000 (\$25,000 to less than \$35,000)	If “no,” ask 06
0 6	Less than \$50,000 (\$35,000 to less than \$50,000)	If “no,” ask 07
0 7	Less than \$75,000 (\$50,000 to less than \$75,000)	If “no,” code 08
0 8	\$75,000 or more	
Do not read:		
7 7	Don’t know / not sure	
9 9	Refused	

//ask of all//

ps12q11 About how much do you weigh without shoes?

0 1	Answered in pounds
0 2	Answered in kilograms
7 7	Don’t know
9 9	Refused

s12q11 About how much do you weigh without shoes?

WEIGHT2 (122-125)

/Interviewer Note: If respondent answers in metrics, put ‘9’ in column 122/

/Round fractions up/

— — — Weight (*pounds / kilograms*)

7 7 7 7 Don’t know / not sure

9 9 9 9 Refused

//ask of all//

ps12q12 About how tall are you without shoes?

0 1	Answered in feet
0 2	Answered in meters
7 7	Don’t know
9 9	Refused

s12q12 About how tall are you without shoes?

HEIGHT3 (126-129)

/Interviewer Note: If respondent answers in metrics, put ‘9’ in column 126/

/Round fractions down/

— — / — — Height (*feet / inches / meters / centimeters*)

7 7 / 7 7 Don't know / not sure
9 9 / 9 9 Refused

//ask if s12q11≠7777 or s12q11≠9999//

ps12q13 How much did you weigh a year ago?

0 1 Answered in pounds
0 2 Answered in kilograms
7 7 Don't know
9 9 Refused

s12q13 How much did you weigh a year ago?

/CATI Note: If female respondent and age<46, add: If you were pregnant a year ago, how much did you weigh before your pregnancy?/

WTYRAGO (130-133)

/Interviewer Note: If respondent answers in metrics, put '9' in column 130/

/Round fractions up/

— — — Weight (pounds / kilograms)

7 7 7 7 Don't know / not sure

9 9 9 9 Refused

[Go to s12q15]

[Go to s12q15]

//ask if s12q11 and s12q13 answers are NOT the same//

s12q14 Was the change between your current weight and your weight a year ago intentional?

WTCHGINT (134)

1 Yes
2 No
7 Don't know / not sure
9 Refused

State-Added 3: City/Town **[Split 1&2]**

//ask of all (if SPLIT=1 and SPLIT=2)//

RI3_1 What city or town do you live in?

— — — Enter town code

7 7 7 Don't know / not sure

9 9 9 Refused

TOWN

[Auto-code to county]

//ask of all//

s12q16 What is your ZIP code where you live?

ZIPCODE (138-142)

— — — — ZIP code

7 7 7 7 7 Don't know / not sure

9 9 9 9 9 Refused

//ask of all//

s12q17 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.

NUMHHOL2 (143)

1 Yes

2 No

[Go to s12q19]

- 7 Don't know / not sure
- 9 Refused

[Go to s12q19]
[Go to s12q19]

//ask if s12q17=1//

s12q18 How many of these telephone numbers are residential numbers?

NUMPHON2 (144)

- Residential telephone numbers [6=6 or more]
- 7 Don't know / not sure
- 9 Refused

//ask of all//

s12q19 During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of telephone service because of weather or natural disasters.

TELSERV2 (145)

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

[CELL PHONE QUESTIONS—to be inserted following s12q19]

//ask of all//

s23q1 Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.

- 1 Yes [Go to s23q3] **CPDEMO1**
- 2 No
- 7 Don't know
- 9 Refused

//ask if s23q1≠1//

s23q2 Do you share a cell phone for personal use (at least one-third of the time) with other adults?

- 1 Yes [Go to s23q4] **CPDEMO2**
- 2 No [Go to s12q20]
- 7 Don't know [Go to s12q20]
- 9 Refused [Go to s12q20]

//ask if s23q1=1//

s23q3 Do you usually share this cell phone (at least one-third of the time) with other adults?

- 1 Yes **CPDEMO3**
- 2 No
- 7 Don't know
- 9 Refused

//ask if s23q2=1 or all if s23q3=1,2,7,9//

s23q4 Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone?

- % [0% - 100%] **CPDEMO4**
- 7 7 7 Don't know

9 9 9 Refused

//ask of all//

s12q20 Indicate sex of respondent. Ask only if necessary.

SEX (146)

- 1 Male
- 2 Female

[Go to next section]

[If > 44, go to next section]

//ask if s12q20=2 and s12q1<45//

s12q21 To your knowledge, are you now pregnant?

PREGNANT (147)

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

Section 13: Caregiver Status

//ask of all//

People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

s13q1 During the past month, did you provide any such care or assistance to a friend or family member?

CAREGIVE (148)

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

Section 14: Disability

The following questions are about health problems or impairments you may have.

//ask of all//

s14q1 Are you limited in any way in any activities because of physical, mental, or emotional problems?

QLACTLM2 (149)

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

//ask of all//

s14q2 Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

USEEQUIP (150)

[Include occasional use or use in certain circumstances]

- 1 Yes
- 2 No
- 7 Don't know / not sure

9 Refused

Section 15: Alcohol Consumption

//ask of all//

s15q1 During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

DRNKANY4 (151)

- | | | |
|---|-----------------------|----------------------|
| 1 | Yes | |
| 2 | No | [Go to next section] |
| 7 | Don't know / not sure | [Go to next section] |
| 9 | Refused | [Go to next section] |

//ask if s15q1=1//

s15q2 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

ALCDAY4 (152-154)

- | | | |
|-------|---------------------------|----------------------|
| 1 _ _ | Days per week | |
| 2 _ _ | Days in past 30 days | |
| 8 8 8 | No drinks in past 30 days | [Go to next section] |
| 7 7 7 | Don't know / not sure | |
| 9 9 9 | Refused | |

//ask if s15q2≠888//

s15q3 One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

AVEDRNK2 (155-156)

/Interviewer Note: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks/

- | | |
|-----|-----------------------|
| _ _ | Number of drinks |
| 7 7 | Don't know / not sure |
| 9 9 | Refused |

//ask of all (who answered s15q3)//

s15q4 Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [CATI: X=5 for men, X=4 for women] or more drinks on an occasion?

DRNK3GE5 (157-158)

- | | |
|-----|-----------------------|
| _ _ | Number of times |
| 8 8 | None |
| 7 7 | Don't know / not sure |
| 9 9 | Refused |

//ask of all (who answered s15q3)//

s15q5 During the past 30 days, what is the largest number of drinks you had on any occasion?

MAXDRNKS (159-160)

- | | |
|-----|-----------------------|
| _ _ | Number of drinks |
| 7 7 | Don't know / not sure |
| 9 9 | Refused |

Module 31: Novel H1N1 Adult Immunization—added October 1, 2009*** **[Split 1&2]**

//ask of all (if SPLIT=1 or SPLIT=2)//

Mod31_1 There are currently vaccines available in two kinds of flu – the seasonal flu, and the 2009 H1N1 flu. I will first ask you questions about vaccination for H1N1 flu, which is sometimes called swine flu or pandemic flu, and then ask you questions about vaccination for seasonal flu. There are two ways to get the H1N1 flu vaccination. One is a shot in the arm and the other is a spray, mist or drop in the nose. Since September, 2009, have you been vaccinated either way for the H1N1 flu?

H1N1AV01 (932)

- | | | |
|---|-----------------------|---------------|
| 1 | Yes | |
| 2 | No | [Go to s16q1] |
| 7 | Don't know / not sure | [Go to s16q1] |
| 9 | Refused | [Go to s16q1] |

//ask if Mod31_1=1//

Mod31_2 During what month did you receive your H1N1 flu vaccine?

H1N1AV02 (933-934)

- | | | |
|-----|-----------------------|---------------|
| -- | Month | [Range: 1-12] |
| 7 7 | Don't know / not sure | |
| 9 9 | Refused | |

//CATI Note: If Mod31_2 Month=7,8,9,10,11,12, then Mod31_2 Year=2009; else, if Mod31_2 Month=1,2,3,4,5,6, then Mod31_2 Year=2010//

Interviewer verify response – That was **[FILL IN MONTH]** of **[FILL IN YEAR]**, correct?

//ask if Mod31_1=01//

Mod31_3 Was this a shot or was it a vaccine sprayed in the nose?

H1N1AV03 (935)

- | | |
|---|---|
| 1 | Flu shot |
| 2 | Flu nasal spray (spray, mist or drop in the nose) |
| 7 | Don't know / not sure |
| 9 | Refused |

Section 16: Immunization

//ask of all//

s16q1 Now I will ask you questions about seasonal flu. A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a seasonal flu shot?

FLUSHOT3 (161)

- | | | |
|---|-----------------------|---------------|
| 1 | Yes | |
| 2 | No | [Go to s16q3] |
| 7 | Don't know / not sure | [Go to s16q3] |
| 9 | Refused | [Go to s16q3] |

//ask if s16q1=1//

s16q2 During what month and year did you receive your most recent seasonal flu shot?

FLUSHTMY (162-167)

-- / ---- Month / year

7 7 / 7 7 7 7 Don't know / not sure
9 9 / 9 9 9 9 Refused

//ask of all//

s16q3 The seasonal flu vaccine sprayed in the nose is also called FluMist™. During the past 12 months, have you had a seasonal flu vaccine that was sprayed in your nose?

FLUSPRY2 (168)

1 Yes
2 No [Go to s16q5]
7 Don't know / not sure [Go to s16q5]
9 Refused [Go to s16q5]

//ask if s16q3=1//

s16q4 During what month and year did you receive your most recent seasonal flu vaccine that was sprayed in your nose?

FLUSPRMY (169-174)

-- / -- -- -- -- Month / year
7 7 / 7 7 7 7 Don't know / not sure
9 9 / 9 9 9 9 Refused

//ask of all//

s16q5 A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?

PNEUVAC3 (175)

1 Yes
2 No
7 Don't know / not sure
9 Refused

Section 17: Arthritis Burden

Next I will ask you about arthritis.

//ask of all//

s17q1 Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

HAVARTH2 (176)

/Interviewer Note: Arthritis diagnoses include:

- Rheumatism, polymyalgia rheumatica
- Osteoarthritis (not osteoporosis)
- Tendonitis, bursitis, bunion, tennis elbow
- Carpal tunnel syndrome, tarsal tunnel syndrome
- Joint infection, Reiter's syndrome
- Ankylosing spondylitis; spondylosis
- Rotator cuff syndrome
- Connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- Vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)/

1 Yes

- 2 No
- 7 Don't know / not sure
- 9 Refused

[Go to next section]

[Go to next section]

[Go to next section]

//ask if s17q1=1//

Arthritis can cause symptoms like pain, aching, or stiffness in or around the joint.

s17q2 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

LMTJOIN2 (177)

Interviewer Instruction: If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

//ask of all (if s17q1=1)//

/Interviewer Note: This question should be asked of all respondents regardless of employment status/

s17q3 In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?

ARTHDIS2 (178)

Interviewer Instruction: If respondent gives an answer to each issue (whether works, type work, or amount of work), then if any issue is "yes" mark the overall response as "yes." If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

//ask of all (if s17q1=1)//

s17q4 During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings?

ARTHSOCL (179)

Interviewer Instruction: If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

Please read [1-3]:

- 1 A lot
- 2 A little
- 3 Not at all

Do not read:

- 7 Don't know / not sure
- 9 Refused

//ask of all (if s17q1=1)//

s17q5 Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE? *Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be.*

JOINPAIN (180-181)

[Range: 0-10]

- Enter number
- 9 7 Don't know / not sure
- 9 9 Refused

Section 18: Fruits and Vegetables

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods you eat. Include all foods *you* eat, both at home and away from home.

//ask of all//

s18q1 How often do you drink fruit juices such as orange, grapefruit, or tomato?

FRUITJUI (182-184)

- 1 -- Per day
- 2 -- Per week
- 3 -- Per month
- 4 -- Per year
- 5 5 5 Never
- 7 7 7 Don't know / not sure
- 9 9 9 Refused

//ask of all//

s18q2 Not counting juice, how often do you eat fruit?

FRUIT (185-187)

- 1 -- Per day
- 2 -- Per week
- 3 -- Per month
- 4 -- Per year
- 5 5 5 Never
- 7 7 7 Don't know / not sure
- 9 9 9 Refused

//ask of all//

s18q3 How often do you eat green salad?

GREENSAL (188-190)

- 1 -- Per day
- 2 -- Per week
- 3 -- Per month
- 4 -- Per year
- 5 5 5 Never
- 7 7 7 Don't know / not sure
- 9 9 9 Refused

//ask of all//

s18q4 How often do you eat potatoes not including French fries, fried potatoes, or potato chips?

POTATOES (191-193)

- 1 _ _ Per day
- 2 _ _ Per week
- 3 _ _ Per month
- 4 _ _ Per year
- 5 5 5 Never
- 7 7 7 Don't know / not sure
- 9 9 9 Refused

//ask of all//

s18q5 How often do you eat carrots?

CARROTS (194-196)

- 1 _ _ Per day
- 2 _ _ Per week
- 3 _ _ Per month
- 4 _ _ Per year
- 5 5 5 Never
- 7 7 7 Don't know / not sure
- 9 9 9 Refused

//ask of all//

s18q6 Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (Example: A serving of vegetables at both lunch and dinner would be two servings.)

VEGETABL (197-199)

- 1 _ _ Per day
- 2 _ _ Per week
- 3 _ _ Per month
- 4 _ _ Per year
- 5 5 5 Never
- 7 7 7 Don't know / not sure
- 9 9 9 Refused

Section 19: Physical Activity

//ask if s12q9=1,2//

s19q1 When you are at work, which of the following best describes what you do? Would you say—

JOBACTIV (200)

/Interviewer Note: If respondent has multiple jobs, include all jobs/

Please read:

- 1 Mostly sitting and standing
- 2 Mostly walking
- 3 Mostly heavy labor or physically demanding work

Do not read:

- 7 Don't know / not sure
- 9 Refused

//read to all//

We are interested in two types of physical activity – vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

//ask of all//

s19q2 Now, thinking about the moderate activities you do [CATI Note: Fill in “when you are not working” if “employed” or “self-employed”] in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?

MODPACT (201)

- | | | |
|---|-----------------------|---------------|
| 1 | Yes | |
| 2 | No | [Go to s19q5] |
| 7 | Don't know / not sure | [Go to s19q5] |
| 9 | Refused | [Go to s19q5] |

//ask if s19q2=1//

s19q3 How many days per week do you do these moderate activities for at least 10 minutes at a time?

MODPADAY (202-203)

- | | | |
|-----|--|----------------|
| -- | Days per week | [Range: 01-07] |
| 8 8 | Do not do any moderate physical activity for at least 10 minutes at a time | [Go to s19q5] |
| 7 7 | Don't know / not sure | [Go to s19q5] |
| 9 9 | Refused | [Go to s19q5] |

//ask if s19q3=01-07//

s19q4 On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

MODPATIM (204-206)

- | | |
|---------|---------------------------|
| -- : -- | Hours and minutes per day |
| 7 : 7 7 | Don't know / not sure |
| 9 : 9 9 | Refused |

//ask of all//

s19q5 Now, thinking about the vigorous activities you do [CATI Note: Fill in “when you are not working” if “employed” or “self-employed”] in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?

VIGPACT (207)

- | | | |
|---|-----------------------|----------------------|
| 1 | Yes | |
| 2 | No | [Go to next section] |
| 7 | Don't know / not sure | [Go to next section] |
| 9 | Refused | [Go to next section] |

//ask if s19q5=1//

s19q6 How many days per week do you do these vigorous activities for at least 10 minutes at a time?

VIGPADAY (208-209)

- | | | |
|-----|--|-----------------------------|
| -- | Days per week | [Range: 01-07] |
| 8 8 | Do not do any vigorous physical activity for at least 10 minutes at a time | [Go to next section] |
| 7 7 | Don't know / not sure | [Go to next section] |
| 9 9 | Refused | [Go to next section] |

//ask if s19q6=01-07//

s19q7 On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

VIGPATIM (210-212)

- | | |
|---------|---------------------------|
| -- | Hours and minutes per day |
| 7 : 7 7 | Don't know / not sure |
| 9 : 9 9 | Refused |

Section 20: HIV/AIDS

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

//ask if s12q1<65//

s20q1 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.

HIVTST5 (213)

- | | | |
|---|-----------------------|----------------------|
| 1 | Yes | |
| 2 | No | [Go to s20q5] |
| 7 | Don't know / not sure | [Go to s20q5] |
| 9 | Refused | [Go to s20q5] |

//ask if s20q1=1//

s20q2 Not including blood donations, in what month and year was your last HIV test?

HIVTSTD2 (214-219)

/CATI Note: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year/

/Interviewer Note: If response is before January 1985, code "Don't know / not sure."/

- | | |
|---------------|-----------------------|
| -- / -- -- | Code month and year |
| 7 7 / 7 7 7 7 | Don't know / not sure |
| 9 9 / 9 9 9 9 | Refused |

//ask if s20q1=1//

s20q3 Where did you have your last HIV test – at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else?

WHRTST8 (220-221)

- | | |
|-----|------------------------------|
| 0 1 | Private doctor or HMO office |
| 0 2 | Counseling and testing site |
| 0 3 | Hospital |
| 0 4 | Clinic |

- 0 5 Jail or prison (or other correctional facility)
- 0 6 Drug treatment facility
- 0 7 At home
- 0 8 Somewhere else
- 7 7 Don't know / not sure
- 9 9 Refused

//ask if s20q2=within last 12 months//

s20q4 Was it a rapid test where you could get your results within a couple of hours?

HIVRTST (222)

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

//ask of all (if s12q1<65)//

s20q5 I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You do not need to tell me which one.

- You have used intravenous drugs in the past year
- You have been treated for a sexually transmitted or venereal disease in the past year
- You have given or received money or drugs in exchange for sex in the past year
- You had anal sex without a condom in the past year

Do any of these situations apply to you?

HIVRISK2 (223)

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

Section 21: Emotional Support and Life Satisfaction

The next two questions are about emotional support and your satisfaction with life.

//ask of all//

s21q1 How often do you get the social and emotional support your need?

/Interviewer Note: If asked, say "Please include support from any source"/

EMTSUPRT (224)

Please read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

Do not read:

- 7 Don't know / not sure
- 9 Refused

//ask of all//

s21q2 In general, how satisfied are you with your life?

LSATISFY (225)

Please read:

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied

Do not read:

- 7 Don't know / not sure
- 9 Refused

Section 22: Cancer Survivors

Now I am going to ask you about cancer.

//ask of all//

s22q1 Have you EVER been told by a doctor, nurse, or other health professional that you had cancer?

CNCRHAVE (226)

Read only if necessary: By "other health professional" we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional.

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

[Go to next section]

[Go to next section]

[Go to next section]

//ask if s22q1=1//

s22q2 How many different types of cancer have you had?

CNCRDIFF (227)

- 1 Only one
- 2 Two
- 3 Three or more
- 7 Don't know / not sure
- 9 Refused

[Go to next section]

[Go to next section]

//ask if s22q2=1,2,3//

s22q3 At what age were you told that you had cancer?

/CATI Note: If s22q2=2 (Two) or 3 (Three or more), ask: "At what age was your first diagnosis of cancer?"

CNCRAGE (228-229)

- Age in years
- 77 Don't know / not sure
- 99 Refused

//ask of all (if s22q2=1,2,3)//

s22q4 What type of cancer was it?

/CATI Note: If s22q2=2,3, ask: "With your most recent diagnoses of cancer, what type of cancer was it?"

/Interviewer Note: Please read list only if respondent needs prompting for cancer type (i.e. name of cancer) [1-28]

CNCRTYPE (230-231)

Breast

0 1 Breast cancer

Female reproductive (Gynecologic)

0 2 Cervical cancer (cancer of the cervix)

0 3 Endometrial cancer (cancer of the uterus)

0 4 Ovarian cancer (cancer of the ovary)

Head / Neck

0 5 Head and neck cancer

0 6 Oral cancer

0 7 Pharyngeal (throat) cancer

0 8 Thyroid

Gastrointestinal

0 9 Colon (intestine) cancer

1 0 Esophageal (esophagus)

1 1 Liver cancer

1 2 Pancreatic (pancreas) cancer

1 3 Rectal (rectum) cancer

1 4 Stomach

Leukemia / Lymphoma (lymph nodes and bone marrow)

1 5 Hodgkin's lymphoma (Hodgkin's disease)

1 6 Leukemia (blood) cancer

1 7 Non-Hodgkin's lymphoma

Male reproductive

1 8 Prostate cancer

1 9 Testicular cancer

Skin

2 0 Melanoma

2 1 Other skin cancer

Thoracic

2 2 Heart

2 3 Lung

Urinary cancer

2 4 Bladder cancer

2 5 Renal (kidney) cancer

Others

2 6 Bone

2 7 Brain

2 8 Neuroblastoma

2 9 Other

Do not read:

- 7 7 Don't know / not sure
9 9 Refused

Section 24: H1N1 Adult—added September 1, 2009***

We would like to ask you some questions about recent respiratory illnesses.

//ask of all//

s24q1 During the past month, were you ill with a fever?

H1N1AQ01 (918)

- | | | |
|---|------------|---------------|
| 1 | Yes | |
| 2 | No | [Go to s24q8] |
| 7 | Don't know | [Go to s24q8] |
| 9 | Refused | [Go to s24q8] |

//ask if s24q1=1//

s24q2 Did you also have a cough and/or sore throat?

H1N1AQ02 (919)

- | | | |
|---|------------|---------------|
| 1 | Yes | |
| 2 | No | [Go to s24q8] |
| 7 | Don't know | [Go to s24q8] |
| 9 | Refused | [Go to s24q8] |

//ask if s24q2=1//

s24q3 When did you first become ill with fever, cough or sore throat?

/Interviewer Note: Read off choices; choose the most specific/

H1N1AQ03 (920)

- | | |
|---|---|
| 1 | Within the past week (past 1-7 days) |
| 2 | 2 weeks ago (past 8-14 days) |
| 3 | 3-4 weeks ago (15-30 days before today) |
| 7 | Don't know |
| 9 | Refused |

//ask if s24q3=1//

s24q4 Did you visit a doctor, nurse, or other health professional for this illness?

H1N1AQ04 (921)

- | | | |
|---|------------|---------------|
| 1 | Yes | |
| 2 | No | [Go to s24q8] |
| 7 | Don't know | [Go to s24q8] |
| 9 | Refused | [Go to s24q8] |

//ask if s24q4=1//

s24q5 What did the doctor, nurse, or other health professional tell you? Did they say...

/Interviewer Note: Read off choices/

H1N1AQ05 (922)

- | | |
|---|---|
| 1 | You had regular influenza or the flu |
| 2 | You had swine flu, also known as H1N1 or novel H1N1 |
| 3 | You had some other illness, but not the flu |

- 7 Don't know / not sure
- 9 Refused

//ask if s24q4=1//

s24q6 Did you have a flu test that was positive for this illness? Usually a swab from your nose or throat is tested. Would you say...

/Interviewer Note: Read off choices/

H1N1AQ06 (923)

- 1 Yes, had flu test and it was positive
- 2 No, had flu test but it was negative
- 3 No, flu test was not done
- 7 Don't know
- 9 Refused

//ask if s24q4=1//

s24q7 Did you receive Tamiflu® or oseltamivir [o sel TAM i veer] or an inhaled medicine called Relenza® or zanamivir [za NA mi veer] to treat this illness?

H1N1AQ07 (924)

- 1 Yes
- 2 No
- 7 Don't know
- 9 Refused

//if NUMADULT=1 AND s12q7=88 AND (s24q1=2,7,9 OR s24q2=2,7,9); go to next section//

//if NUMADULT=1 AND s12q7=88 AND s24q1=1 AND s24q2=1; go to s24q10//

//ask if (NUMADULT>1) or (NUMADULT=1 AND s12q7≠88,77,99)//

s24q8 Did any other members of your household have a fever with cough or sore throat during the past month?

H1N1AQ08 (925)

- 1 Yes
- 2 No

[if (Q1 = 1(Yes) and Q2 = 1 (Yes)), go to Q10; else go to next section]

- 7 Don't know
- 9 Refused

//ask if s24q8≠2//

s24q9 How many household members [CATI Note: Fill in "including you," if Q1=1 (Yes) and Q2=1 (Yes)] were ill during the past month?

H1N1AQ09 (926-927)

- Number of persons
- 8 8 None
- 7 7 Don't know / not sure
- 9 9 Refused

[Range: 1-76]

//ask if s24q9=12-76//

s24q9A I am sorry, just to double check, you indicated there were /s24q9/ household members' that were ill during the past month. Is this correct?

- 1 Yes
- 2 No

//ask if (s24q1=1 and s24q2=1) or s24q8=1//

s24q10 How many people in your household, including you, were hospitalized for flu during the past month?

/Interviewer Note: Hospitalized means admitted to a hospital to receive medical treatment/

//CATI Note: If NUMADULT=1 and s12q7=88, range=1//

H1N1AQ10 (928-929)

- Number of persons [Range: 1-76]
- 8 8 None
- 7 7 Don't know / not sure
- 9 9 Refused

//ask if s24q10=12-76//

s24q10A I am sorry, just to double check, you indicated there were /s24q10/ household members' hospitalized during the past month. Is this correct?

- 1 Yes
- 2 No

Module 32: High Risk/Health Care Worker—added October 1, 2009* [Split 1&2]**

//ask of all (if SPLIT=1 or SPLIT=2)//

The next few questions ask about health care work and chronic illness.

Mod32_1 Do you currently volunteer or work in a hospital, medical clinic, doctor's office, dentist's office, nursing home or some other health-care facility? This includes part-time and unpaid work in a health care facility as well as professional nursing care provided in the home.

WRKHCF1 (936)

/Interviewer Note: If necessary, say: "This includes non-health care professionals, such as administrative staff, who work in a health-care facility."/

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

//ask of all//

Mod32_2 Do you provide direct patient care as part of your routine work? By direct patient care we mean physical or hands-on contact with patients.

DIRCONT1 (937)

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

//ask of all//

Mod32_3 Has a doctor, nurse, or other health professional ever said that you have lung problems, other than asthma, kidney problems, anemia, including Sick Cell, or a

weakened immune system caused by a chronic illness or by medicines taken for a chronic illness?

DRHPAD1 (938)

Do not read:

Lung Problems:	Kidney Problems:	Anemia:
Acute Respiratory Distress Syndrome (ARDS) Bronchiectasis Bronchopulmonary Dysplasia Chronic Obstructive Pulmonary Disease (COPD) Cystic Fibrosis Emphysema Lymphangioleiomyomatosis (LAM) Pulmonary Arterial Hypertension	Chronic Kidney Disease Cystitis Cystocele (fallen bladder) Ectopic Kidney End-Stage Renal Disease (ESRD) Glomerular Diseases Interstitial Cystitis Kidney Failure Kidney Stone Nephrotic Syndrome Polycystic Kidney Disease Pyelonephritis (Kidney Infection) Renal Artery Stenosis Renal Osteodystrophy Renal Tubular Acidosis	Anemia Aplastic Anemia Fanconi Anemia Iron Deficiency Anemia Pernicious Anemia Sickle Cell Anemia Thalassemia

- | | | |
|---|-----------------------|---------------------|
| 1 | Yes | |
| 2 | No | [Go to next module] |
| 7 | Don't know / not sure | [Go to next module] |
| 9 | Refused | [Go to next module] |

//ask if Mod32_3=1//

Mod32_4 Do you still have (this/any of these) problem(s)?

HAVHPAD (939)

- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / not sure |
| 9 | Refused |

Transition to Modules and State-Added Questions

Finally, I have just a few questions left about some other health topics.

Module 7: Actions to Control High Blood Pressure [Split 1]

Are you now doing any of the following to help lower or control your high blood pressure?

//ask if s7q1=1 and SPLIT=1//

Mod7_1 (Are you) changing your eating habits (to help lower or control your high blood pressure)?

BPEATHBT (295)

- | | |
|---|-----|
| 1 | Yes |
|---|-----|

- 2 No
- 7 Don't know / not sure
- 9 Refused

//ask if s7q1=1//

Mod7_2 (Are you) cutting down on salt (to help lower or control your high blood pressure)? **BPSALT** (296)

- 1 Yes
- 2 No
- 3 Do not use salt
- 7 Don't know / not sure
- 9 Refused

//ask if s7q1=1//

Mod7_3 (Are you) reducing alcohol use (to help lower or control your high blood pressure)? **BPALCHOL** (297)

- 1 Yes
- 2 No
- 3 Do not drink
- 7 Don't know / not sure
- 9 Refused

//ask if s7q1=1//

Mod7_4 (Are you) exercising (to help lower or control your high blood pressure)? **BPEXER** (298)

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

Has a doctor or other health professional ever advised you to do any of the following to help lower or control your high blood pressure?

//ask if s7q1=1//

Mod7_5 (Ever advised you to) change your eating habits (to help lower or control your high blood pressure)? **BPEATADV** (299)

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

//ask if s7q1=1//

Mod7_6 (Ever advised you to) cut down on salt (to help lower or control your high blood pressure)? **BPSLTADV** (300)

- 1 Yes
- 2 No
- 3 Do not use salt

- 7 Don't know / not sure
- 9 Refused

//ask if s7q1=1//

Mod7_7 (Ever advised you to) reduce alcohol use (to help lower or control your high blood pressure)?

BPALCADV (301)

- 1 Yes
- 2 No
- 3 Do not drink
- 7 Don't know / not sure
- 9 Refused

//ask if s7q1=1//

Mod7_8 (Ever advised you to) exercise (to help lower or control your high blood pressure)?

BPEXRADV (302)

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

//ask if s7q1=1//

Mod7_9 (Ever advised you to) take medication (to help lower or control your high blood pressure)?

BPMEDADV (303)

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

//ask if s7q1=1//

Mod7_10 Were you told on **two or more different visits** to a doctor or other health professional that you had high blood pressure?

BPHI2MR (304)

If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 Told borderline or pre-hypertensive
- 7 Don't know / not sure
- 9 Refused

Module 8: Heart Attack and Stroke [Split 1]

Now I would like to ask you about your knowledge of the signs and symptoms of a heart attack and stroke. Which of the following do you think is a symptom of a heart attack? For each, tell me "yes," "no," or you're "not sure."

//ask of all (if SPLIT=1)//

Mod8_1 Do you think pain or discomfort in the jaw, neck, or back (are symptoms of a heart attack?) **HASYMP1** (305)

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

//ask of all//

Mod8_2 Do you think feeling weak, lightheaded, or faint (are symptoms of a heart attack?) **HASYMP2** (306)

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

//ask of all//

Mod8_3 Do you think chest pain or discomfort (are symptoms of a heart attack?) **HASYMP3** (307)

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

//ask of all//

Mod8_4 Do you think sudden trouble seeing in one or both eyes (is a symptom of a heart attack?) **HASYMP4** (308)

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

//ask of all//

Mod8_5 Do you think pain or discomfort in the arms or shoulder (are symptoms of a heart attack?) **HASYMP5** (309)

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

//ask of all//

Mod8_6 Do you think shortness of breath (is a symptom of a heart attack?) **HASYMP6** (310)

- 1 Yes
- 2 No
- 7 Don't know / not sure

9 Refused

Which of the following do you think is a symptom of a stroke? For each, tell me “yes,” “no,” or you’re “not sure.”

//ask of all//

Mod8_7 Do you think sudden confusion or trouble speaking (are symptoms of a stroke?) **STRSYMP1** (311)

- 1 Yes
- 2 No
- 7 Don’t know / not sure
- 9 Refused

//ask of all//

Mod8_8 Do you think sudden numbness or weakness of face, arm, or leg, especially on one side, (are symptoms of a stroke?) **STRSYMP2** (312)

- 1 Yes
- 2 No
- 7 Don’t know / not sure
- 9 Refused

//ask of all//

Mod8_9 Do you think sudden trouble seeing in one or both eyes (is a symptom of a stroke?) **STRSYMP3** (313)

- 1 Yes
- 2 No
- 7 Don’t know / not sure
- 9 Refused

//ask of all//

Mod8_10 Do you think sudden chest pain or discomfort (are symptoms of a stroke?) **STRSYMP4** (314)

- 1 Yes
- 2 No
- 7 Don’t know / not sure
- 9 Refused

//ask of all//

Mod8_11 Do you think sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?) **STRSYMP5** (315)

- 1 Yes
- 2 No
- 7 Don’t know / not sure
- 9 Refused

//ask of all//

Mod8_12 Do you think severe headache with no known cause (is a symptom of a stroke?)

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

//ask of all//

Mod8_13 If you thought someone was having a heart attack or a stroke, what is the first thing you would do?

FIRSTAID (317)

Please read:

- 1 Take them to the hospital
- 2 Tell them to call their doctor
- 3 Call 911
- 4 Call their spouse or a family member

Or

- 5 Do something else

Do not read:

- 7 Don't know / not sure
- 9 Refused

State-Added 4: Tobacco Control **[Split 2]**

//ask if s11q1=1 and SPLIT=2//

RI4_1 Previously you said you smoke {if s11q2=3, fill-in "used to smoke" cigarettes. Do (did) you smoke primarily menthol or plain cigarettes?

- 1 Menthol
- 2 Plain
- 3 Both
- 7 Do not know
- 9 Refused

SMKTYPE

//ask if s11q2=1,2//

RI4_2 On the average, when you smoked during the last 30 days, about how many cigarettes did you smoke a day?

SMKNM30

- Number of cigarettes
- 7 7 Don't know / not sure
- 8 8 Didn't smoke in past 30 days
- 9 9 Refused

[Range: 1-76][76=76 or more]

//ask of all (where SPLIT=2)//

RI4_3 Do you now smoke cigars, little cigars or cigarillos?

Please read:

SMOKNOW2

- 1 Every day
- 2 Some days
- 3 Not at all

Do not read:

- 7 Don't know / not sure
- 9 Refused

//ask if s11q2=1,2//

RI4_4 In the past 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider? **QUITSMK2**

- | | | |
|-----|-----------------------|------------------------------|
| -- | Number of times | [Range: 1-76][76=76 or more] |
| 8 8 | None | |
| 7 7 | Don't know / not sure | |
| 9 9 | Refused | |

//ask of all (if SPLIT=2)//

RI4_5 Thinking about the past 7 days, about how many hours a week were you exposed to other people's tobacco smoke inside your house or apartment? **SMK7EXP2**

[If respondent was exposed 1 hour or less, but more than none, enter 01]

- | | | |
|-----|-----------------------|------------------------------|
| -- | Number of hours | [Range: 1-95][95=95 or more] |
| 9 8 | Not exposed at all | |
| 9 7 | Don't know / not sure | |
| 9 9 | Refused | |

//ask if s12q9=1,2//

RI4_6 Thinking about the past 7 days, about how many hours a week were you exposed to other people's tobacco smoke when you were at work? **SMK7WRK2**

[If respondent was exposed 1 hour or less, but more than none, enter 01]

- | | | |
|-----|-----------------------|------------------------------|
| -- | Number of hours | [Range: 1-95][95=95 or more] |
| 9 6 | Do not work indoors | |
| 9 8 | Not exposed at all | |
| 9 7 | Don't know / not sure | |
| 9 9 | Refused | |

//ask of all (if SPLIT=2)//

RI4_7 In the past 12 months, have you heard, read, or seen anti-smoking information? **SMK INFO**

- | | | |
|---|-----------------------|----------------------|
| 1 | Yes | |
| 2 | No | [Go to next section] |
| 7 | Don't know / not sure | [Go to next section] |
| 9 | Refused | [Go to next section] |

//ask if RI4_7=1//

RI4_8 Have you heard, read or seen anti-smoking information from television? **SMK TV**

- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / not sure |
| 9 | Refused |

State-Added 5: Seat Belt Use **[Split 2]**

//ask of all (where SPLIT=2)//

RI5_1 How often do you use seat belts when you drive or ride in a car? Would you say—

Please read:

- | | |
|---|---------------|
| 1 | Always |
| 2 | Nearly always |

SEATBELT

- 3 Sometimes
- 4 Seldom
- 5 Never

Do not read:

- 7 Don't know / not sure
- 8 Never drive or ride in a car
- 9 Refused

State-Added 6: Adult Sugar Sweetened Beverages and Fast Food [Split 1]

//ask of all (if SPLIT=1)//

RI6_1 Yesterday, how many glasses, bottles or cans of soda (such as Coke or Sprite) or other sweetened drinks (such as fruit punch or Sunny Delight) did you drink? Do not include diet or sugar free drinks.

[Read if necessary: That would be a large glass or a 12 oz. can or bottle. The average juice pack is 6 oz. or ½ a can]

[For interviewer info only: This includes drinks such as, Hawaiian Punch, Hi-C, Snapple, Gatorade, other sports drinks with added sugar, and sugar sweetened milk – e.g. coffee milk, chocolate milk] **SUGARDRK**

- Enter number of glasses, cans or bottles [Range: 1-15]
- 8 8 None
- 7 7 Don't know
- 9 9 Refused

//ask of all (if SPLIT=1)//

RI6_2 In the past week, how many times did you eat fast food or pizza at work, at home, at fast-food restaurants, carryout or drive thru, or somewhere else?

[Read if necessary: "Such as food you get at McDonald's, Burger King, Taco Bell, KFC, or Pizza Hut."] **FASTFOOD**

[If strongly needed, say "Foods from American-style fast food restaurants."]

- 1 -- Per day [Range: 100-115]
- 2 -- Per week [Range: 201-284]
- 8 8 8 None
- 7 7 7 Don't know
- 9 9 9 Refused

State-Added 7: Screen Time [Split 1]

//ask of all (if SPLIT=1)//

RI7_1 Yesterday, not including time on the computer, about how many hours did you sit and watch television, videos or DVDs?

/Interviewer Note: If respondent does not respond with a whole number, PROBE: "I can only record whole numbers, would you say X or Y is most accurate" (for example if respondent said 90 minutes, fill in "1 or 2"). If necessary, round up to nearest whole number/ **HRS_TV**

- Enter number of hours [Range: 1-24]
- 3 3 Less than one, but more than none
- 8 8 None
- 7 7 Don't know
- 9 9 Refused

//ask if RI7_1=8-24//

RI7_1C Just to confirm, you spent {response from RI7_1} hours watching TV, videos or DVD's. Is this correct? **HRS_TV2**

1 Yes

[Continue]

2 No

[Re-ask RI7_1]

RI7_2 Yesterday, about how many hours did you spend on the computer or playing video games? Please include time spent on the internet, playing games, and doing other work on the computer, **but not including work time.**

/Interviewer Note: If respondent does not respond with a whole number, PROBE: "I can only record whole numbers, would you say X or Y is most accurate" (for example if respondent said 90 minutes, fill in "1 or 2"). If necessary, round up to nearest whole number/

HRS_COMP

-- Enter number of hours

[Range: 1-24]

3 3 Less than one, but more than none

8 8 None

7 7 Don't know

9 9 Refused

//ask if RI7_2=8-24//

RI7_2C Just to confirm, you spent {response from RI7_2} hours on the computer or playing video games. Is this correct? **HRS_COMP2**

1 Yes

[Continue]

2 No

[Re-ask RI7_2]

Module 25: Random Child Selection [Split 1&2]

If s12q7=1, interviewer please read: "Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child."

[Go to Mod25_1]

If s12q7>1 and (s12q7≠88 or s12q7≠99), interviewer please read: "Previously you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last." Please include children with the same birth date, including twins, in the order of their birth.

/CATI Instruction: Randomly select one of the children. This is the "Xth" child. Please substitute "Xth" child's number in all questions below/

Interviewer please read: I have some additional questions about one specific child. The child I will be referring to is the "Xth" [CATI Note: Fill in correct number] child in your household. All following questions about children will be about the [CATI Note: Fill in correct number] child."

//ask of all (if SPLIT=1 or SPLIT=2)//

Mod25AGE What is the age of the child?

/Interviewer Note: Enter "1" for 1 year of age or younger/

-- Enter age

9 9 Refused

Mod25_1 What is the birth month and year of the “Xth” child?

RCSBIRTH (461-466)

__ / __ __ Code month and year
 7 7 / 7 7 7 7 Don’t know / not sure
 9 9 / 9 9 9 9 Refused

/CATI Instruction: Calculate the child’s age in months (CHLDAGE1=0-216) and also in years (CHLDAGE2=1-17) based on the interview date and the birth month and year using a value of 15 for the birth day. If the selected child is <12 months old enter the calculated months in CHLDAGE1 and 0 in CHLDAGE2. If the child is ≥12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate(CHLDAGE1/12)/
//if mthsold>215 (child not under 18), go to next section//

//ask of all//

Mod25_2 Is the child a boy or a girl?

RCSGENDR (467)

1 Boy
 2 Girl
 9 Refused

//ask of all//

Mod25_3 Is the child Hispanic or Latino?

RCHISLAT (468)

1 Yes
 2 No
 7 Don’t know / not sure
 9 Refused

//ask of all//

Mod25_4 Which one or more of the following would you say is the race of the child?

RCSRACE (469-474)

[Check all that apply – up to 6] /MUL=6/

Please read:

1 White
 2 Black or African American
 3 Asian
 4 Native Hawaiian or other Pacific Islander
 5 American Indian, Alaska Native

Or

6 Other [Specify: _____]

Do not read:

8 No additional choices
 7 Don’t know / not sure [Not MUL]
 9 Refused [Not MUL]

/CATI Note: If more than one response to Mod25_4, continue. Otherwise, go to Mod25_6/

Mod25_5 Which one of these groups would you say best represents the child's race? **RCSBRACE** (475)

/CATI Note: List only responses given as part of Mod25_4/

Please read:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other

Do not read:

- 7 Don't know / not sure
- 9 Refused

//ask of all//

Mod25_6 How are you related to the child? **RCSRLTN2** (476)

Please read:

- 1 Parent (include biological, step, or adoptive parent)
- 2 Grandparent
- 3 Foster parent or guardian
- 4 Sibling (include biological, step, and adoptive sibling)
- 5 Other relative
- 6 Not related in any way

Do not read:

- 7 Don't know / not sure
- 9 Refused

State-Added 8: Childhood Wheezing **[Split 2]**

/CATI Note: If s12q7=88,99 or mthsold>215; go to next section/

The next questions are about the same child...

//ask of all (if SPLIT=2)//

RI8_1 Has this child ever had wheezing or whistling in the chest at any time in the past?

- | | | |
|---|-----------------------|----------------------|
| 1 | Yes | CHWHZEV |
| 2 | No | [Go to next section] |
| 7 | Don't know / not sure | [Go to next section] |
| 9 | Refused | [Go to next section] |

//ask if RI8_1=1//

RI8_2 Has this child had wheezing or whistling in the chest in the last 12 months?

- | | | |
|---|-----------------------|----------------------|
| 1 | Yes | CHWHZ12 |
| 2 | No | [Go to next section] |
| 7 | Don't know / not sure | [Go to next section] |
| 9 | Refused | [Go to next section] |

//ask if RI8_2=1//

RI8_3 How many attacks of wheezing has this child had in the last 12 months?

Read if necessary:

CHWHZATT

- 1 None
- 2 1 to 3
- 3 4 to 12
- 4 More than 12

Do not read:

- 7 Don't know / not sure
- 9 Refused

//ask of all (if RI8_2=1)//

RI8_4 In the last 12 months, how often, on average, has this child's sleep been disturbed due to wheezing?

Read if necessary:

- 1 Never woken with wheezing
- 2 Less than one night per week
- 3 One or more nights per week

CHWHZSLP

Do not read:

- 7 Don't know / not sure
- 9 Refused

//ask of all (if RI8_2=1)//

RI8_5 In the last 12 months, has wheezing ever been severe enough to limit this child's speech to only one or two words at a time between breaths?

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

CHWHZSPC

//ask of all (if RI8_2=1)//

RI8_6 In the last 12 months, has this child's chest sounded wheezy during or after exercise?

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

CHWHZEXE

//ask of all (if RI8_2=1)//

RI8_7 In the last 12 months, has this child had a dry cough at night, apart from a cough associated with a cold or chest infection?

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

CHWHZCOU

//ask of all (if RI8_2=1)//

RI8_8 Have you been told by a medical doctor on two or more occasions in the past 12 months that this child has had bronchitis or a chest infection?

- 1 Yes
- 2 No
- 7 Don't know / not sure

CHWHZINF

Module 26: Childhood Asthma Prevalence [Split 1&2]

/CATI Note: If s12q7=88,99 or mthsold>215; go to next section/

The next two questions are about the “Xth” [CATI Note: Fill in correct number] child.

//ask of all (if SPLIT=1 or SPLIT=2)//

Mod26_1 Has a doctor, nurse or other health professional EVER said that the child has asthma?

CASTHDX2 (477)

1 Yes

2 No

[Go to next section]

7 Don't know / not sure

[Go to next section]

9 Refused

[Go to next section]

//ask if Mod26_1=1//

Mod26_2 Does the child still have asthma?

CASTHNO2 (478)

1 Yes

2 No

7 Don't know / not sure

9 Refused

Module 30: H1N1 Child—added September 1, 2009*** [Split 1&2]

/CATI Note: If s12q7=88,99; go to next module/

The next two questions are about the “Xth” [CATI Note: Fill in correct number] child.

Mod30_1 Has the child had a fever with cough and/or sore throat during the past month?

H1N1CQ01 (930)

1 Yes

2 No

[Go to next module]

7 Don't know

[Go to next module]

9 Refused

[Go to next module]

//ask if Mod30_1=1//

Mod30_2 Did the child visit a doctor, nurse, or other health professional for this illness?

H1N1CQ02 (931)

1 Yes

2 No

[Go to next module]

7 Don't know

[Go to next module]

9 Refused

[Go to next module]

Module 33: Novel H1N1 Child Immunization—added October 1, 2009*** [Split 1&2]

The next questions are about this child's immunizations.

//ask if 6 months≤CHILDAGE (if SPLIT=1 or SPLIT=2)//

Mod33_1 I will first ask you questions about vaccination for H1N1 flu, which is sometimes called swine flu or pandemic flu, and then ask you questions about vaccination for seasonal flu. There are two ways to get H1N1 flu vaccination. One is a shot and the

other is a spray, mist or drop in the nose. Since September, 2009, has [Fill: he/she] been vaccinated either way for the H1N1 flu?

H1N1CV01 (940)

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

//ask if Mod33_1=1 and (6 months≤CHILDAGE<10 years)//

Mod33_2 Since September 2009, how many of these H1N1 vaccinations has [Fill: he/she] received?

H1N1CV02 (941)

- 1 One vaccination or dose
- 2 Two or more vaccination doses
- 7 Don't know / not sure
- 9 Refused

//ask if Mod33_1=1 and Mod33_2<>7,9//

Mod33_3 During what month did [Fill: he/she] receive [Fill: his/her] (CATI Note: if CHILDAGE<10, "first H1N1 flu vaccine?"; otherwise, "H1N1 flu vaccine?")

H1N1CV03 (942-943)

- Month [Range: 1-12]
- 7 7 Don't know / not sure
- 9 9 Refused

/CATI Note: If Mod33_3 Month=7,8,9,10,11,12, then Mod33_3 Year=2009; else if Mod33_3 Month=1,2,3,4,5,6, then Mod33_3 Year=2010/

Interviewer verify response – That was [FILL IN MONTH] of [FILL IN YEAR], correct?

//ask if Mod33_1=1 and Mod33_2<>7,9//

Mod33_4 Was this a shot or was it a vaccine sprayed in the nose?

H1N1CV04 (944)

- 1 Flu shot
- 2 Flu nasal spray (spray, mist or drop in the nose)
- 7 Don't know / not sure
- 9 Refused

//ask if Mod33_2=2 and CHILDAGE<10 years//

Mod33_5 During what month did [Fill: he/she] receive [Fill: his/her] second H1N1 flu vaccine?

H1N1CV05 (945-946)

- Month [Range: 1-12]
- 7 7 Don't know / not sure
- 9 9 Refused

/CATI Note: If Mod33_5 Month=7,8,9,10,11,12, then Mod33_5 Year=2009; else if Mod33_5 Month=1,2,3,4,5,6, then Mod33_5 Year=2010/

**/If Date(Mod33_5 Month, Mod33_5 Year)<Date(Mod33_3 Month, Mod33_3 Year),
interviewer verify responses/**

Interviewer verify response – That was [FILL IN MONTH] of [FILL IN YEAR], correct?

//ask if Mod33_2=2//

Mod33_6 Was this a shot or was it a vaccine sprayed in the nose?

HIN1CV06 (947)

- 1 Flu shot
- 2 Flu nasal spray (spray, mist or drop in the nose)
- 7 Don't know / not sure
- 9 Refused

State-Added 9: Children's Health Care Coverage [Split 1&2]

/CATI Note: If s12q7=88,99, or mthsold>215, go to next section/

The next question is also about the "Xth" [CATI Note: Fill in correct number] child.

//ask of all (if SPLIT=1 or SPLIT=2)//

RI9_1 Is this child covered by any kind of health care plan, either a private plan such as Bluecross or United, or a government plan such as Medicaid, Rite Care, or TriCare?

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

CHLTHCV1

State-Added 10: Adult Health Insurance Coverage [Split 2]

//ask if s3q1=1 (if SPLIT=2)//

RI10_1 Earlier you said you have health care coverage. What type of health care coverage do you use to pay for most of your medical care? Is it coverage through:

Please read:

TYPCOVER1

- 0 1 Your employer
- 0 2 Someone else's employer
- 0 3 A plan that you or someone else buys on your own
- 0 4 Medicare
- 0 5 Medicaid or Medical Assistance
- 0 6 Rite Care
- 0 7 The military, CHAMPUS or TriCare, or the VA
- 0 8 The Indian Health Service [or the Alaska Native Health Service]

Or

- 0 9 Some other source

Do not read:

- 8 8 None
- 7 7 Don't know / not sure
- 9 9 Refused

//ask if s3q1=2,7//

RI10_2 Earlier you said you do not have health care coverage or weren't sure you had health care coverage. There are some types of coverage you may not have considered. Please tell me if you have any of the following. Is it coverage through...

[If more than one, ask: “Which type do you use to pay for most of your medical care?”]
TYPCOVER2

Please read:

- 0 1 Your employer
- 0 2 Someone else’s employer
- 0 3 A plan that you or someone else buys on your own
- 0 4 Medicare
- 0 5 Medicaid or Medical Assistance
- 0 6 Rite Care
- 0 7 The military, CHAMPUS or TriCare, or the VA
- 0 8 The Indian Health Service [or the Alaska Native Health Service]

Or

- 0 9 Some other source

Do not read:

- 8 8 None
- 7 7 Don’t know / not sure
- 9 9 Refused

State-Added 11: Community Life Quality **[Split 2]**

//ask of all (where SPLIT=2)//

The following questions are about the community where you live.

RI11_1 How long have you lived at your current address?

- Number of years

[Range: 1-76]

[Go to RI11_3 if >2 years]

- 8 8 Less than one
- 7 7 Don’t know / not sure
- 9 9 Refused

COMMLIVE

//ask if RI11_1=1,2,77,88,99//

RI11_2 How many times have you moved in the past 2 years?

- Number of times
- 7 7 Don’t know / not sure
- 8 8 None
- 9 9 Refused

COMMOVE

//ask of all//

RI11_3 How satisfied are you with your neighborhood as a place to live? Would you say:

Please read:

- 1 Very satisfied
- 2 Fairly satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Slightly dissatisfied
- 5 Very dissatisfied

COMMSATI

Do not read:

- 7 Don’t know / not sure
- 9 Refused

//ask of all//

The next four questions are about your interactions with other people and participation in community events and groups.

RI11_4 Not counting people you live and work with, how often do you talk to friends or family?

Please read:

- 1 Every day or almost every day
- 2 A few times a week
- 3 A few times a month
- 4 A few times a year
- 8 Never

COMMTLAK

Do not read:

- 7 Don't know / not sure
- 9 Refused

//ask of all//

RI11_5 In the past 6 months, that is since [CATI Note: Fill in month that was 6 months prior], how many times have you attended a local community event? For example, an event at a church, school or community organization, a craft exhibit or fair, a parade, or a musical event.

COMMATT2

- Number of times
- 777 Don't know / not sure
- 888 None
- 999 Refused

[Range: 1-180]

//ask of all//

RI11_6 All together, how many days in the past 6 months, that is since [CATI Note: Fill in month that was 6 months prior], did you work as a volunteer in your local school, church, senior center or other community organization?

COMMVOL2

- Number of times
- 888 None
- 777 Don't know / not sure
- 999 Refused

[Range: 1-180]

//ask of all//

RI11_7 How much do you think service organizations understand the needs of the people living in your community? By service organizations I mean providers of health or social services. Would you say they:

Please read:

- 1 Understand a lot
- 2 Understand somewhat
- 3 Understand a little
- 4 Don't understand at all

COMMNEED

Do not read:

- 7 Don't know / not sure
- 9 Refused

//ask of all//

RI11_8 Do you feel you can make a difference in your community? Would you say:

Please read:

- 1 A big difference
- 2 Some difference
- 3 A little difference
- 4 No difference at all

COMMDIFF

Do not read:

- 7 Don't know / not sure
- 9 Refused

//ask of all//

RI11_9

To what extent do you agree or disagree with the following statement. By working together, people in my community can influence decisions that affect the community. Would you say:

Please read:

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

COMMAFF

Do not read:

- 7 Don't know / not sure
- 9 Refused

State-Added 12: Indoor Air Module: Home Environment **[Split 2]**

//ask of all (if SPLIT=2)//

RI12_1

Have you had any household pets in the previous 12 months that produce dander, such as dogs, cats, birds or rodents like hamsters, gerbils or mice?

- 1 Yes
- 2 No
- 7 Don't know
- 9 Refused

PETDANDR

//ask of all//

RI12_2

Have you seen any cockroaches in your home in the previous 12 months?

- 1 Yes
- 2 No
- 7 Don't know
- 9 Refused

COCKROAC

//ask of all//

RI12_3

During the past 12 months, were pesticides, sprays, or chemicals applied inside your home to kill bugs, mice, or other pests?

[Please read if necessary: Include pesticide powders, but do not include pest traps, pest strips, or herbal treatments]

- 1 Yes
- 2 No
- 7 Don't know
- 9 Refused

PESTICID

State-Added 13: Address for Census Block Group Coding [Split 1&2]

//ask of all (if SPLIT=1 or SPLIT=2)//

We need to know for each person we interview, what street block you are on. That's so the computer can figure out how close that block is to the nearest fire station and hospital.

RI13_1 What street do you live on? And could you tell me the street address of any building on your side of the block: It doesn't have to be your address – just any address that would be on your side of your block.

1 Specify: _____

[Go to RI13_1QC]

9 Refused

STREET

//ask if RI13_1=1//

RI13_1QC I just want to make sure I got it right. The street address that is on your side of the block is: [CATI Note: Fill in RI13_1_Specify.] Is this correct?

1 Yes

2 No

9 Refused

STREETCK

//ask if RI13_1=9//

RI13_2A What are the names of the streets at the nearest intersection to your home?

1 Specify street 1: _____

STREETS

7 Don't know / not sure

[Go to next section]

9 Refused

[Go to next section]

//ask if RI13_2A=1//

RI13_2B (What are the names of the other streets at the nearest intersection to your home?)

1 Specify street 2: _____

STR1OTHR

8 No more streets

7 Don't know / not sure

9 Refused

/if RI13_2B=8, go to RI13_2QC; if RI13_2B=7,9, go to next section/

//ask if RI13_2B=1//

RI13_2C (What are the names of the other streets at the nearest intersection to your home?)

1 Specify street 3: _____

STR2OTHR

8 No more streets

7 Don't know / not sure

9 Refused

/if RI13_2C=7,8,9, go to RI13_2QC/

//ask if RI13_2C=1//

RI13_2D (What are the names of the other streets at the nearest intersection to your home?)

1 Specify street 4: _____

STR3OTHR

8 No more streets

7 Don't know / not sure

9 Refused

//ask if RI13_2A,B,C,D=1//

RI13_2QC I just want to make sure I got it right, the streets at the intersection nearest your house are: **[CATI Note: Fill in response 1 from RI13_2A,B,C,D]**. Is this correct?

1 Yes
2 No
9 Refused

Asthma Call-Back Permission Script [Split 1&2]

//ask if s10q1=1 or Mod26_1=1//

//if ADULT only, proceed with ADULT; if CHILD only, proceed with CHILD; if ADULT and CHILD, proceed to Asthma Section/

Asthma Section: {Asthma Call-Back Selection: Choose ADULT or CHILD (50% ADULT / 50% CHILD)}

//ask of all (if SPLIT=1 and SPLIT=2)//

CALLBACK

AST1 We would like to call to you again within the next 2 weeks to talk in more detail about (your/your child's) experiences with asthma.

The information will be used to help develop and improve the asthma programs in Rhode Island. The information you gave us today and any you give us in the future will be kept confidential.

If you agree to this, we will keep your phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

1 Yes
2 No

//if AST1=1 and Mod25_6=1,3, then qualify for the child asthma callback/

Sound Quality Check

//ask of all//

OCRESP

(INTERNAL QUALITY CONTROL QUESTION)

Please rate the sound quality of this telephone call on a scale from 1 to 10, with 1 being the lowest and 10 being the highest?

/Interviewer Note: Prompt as needed: "A rating of 1 indicates the sound quality is "very poor" and a rating of 10 indicates the sound quality as "excellent"//

-- Record number
99 Refused

[Range: 1-10]

State-Added 15: Language Indicator [Split 1&2]

//answer for all//

[Interviewer: Do not read this to respondent]

LANG1

In what language was this interview completed?

01 English
02 Spanish

Closing Statement [Split 1&2]

//read to all//

That was my last question. Everyone's answers will be combined to give us information about the health practices of people in Rhode Island. Thank you very much for your time and cooperation.